FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 AM 9:00

DOCUMENT # P93000076366 (2)

1. Corporation Name
MANDARIN MORTGAGE & FINANCIAL, INC.

Principal Place of Business	Mailing Address
10014 N DALE MABRY HWY SUITE 202 TAMPA FL 33618	10014 N DALE MABRY HWY SUITE 202 TAMPA FL 33618

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/29/1993
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 59-3203262	☐ Applied For ☐ Not Applicable
21 10004 N. Dale Mabay Hwy	26 10004 N. Dale Mabay Hwy		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
22 Suite 106	27 Suite 106		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
23 Tampa FL	28 Tampa FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	
24 33618 / 25 U.S.A.	29 33618 / 30 U.S.A.		

9. Name and Address of Current Registered Agent

BOWMAN, AL T
10014 N DALE MABRY HWY
SUITE 202
TAMPA FL 33618

10. Name and Address of New Registered Agent

81 Name: Bowman, AL
82 Street Address (P.O. Box Number is Not Acceptable): 10004 N. Dale Mabay Hwy
83: Suite 106
84 City: Tampa FL 85 Zip Code: 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: AL Bowman AL Bowman, President 2/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☒ Change ☐ Addition D
NAME	BOWMAN, KAREN B	1.2 NAME	Bowman, Karen B
STREET ADDRESS	10014 N DALE MABRY HWY SUITE 202	1.3 STREET ADDRESS	10004 N. Dale Mabay Hwy, Suite 106
CITY-ST-ZIP	TAMPA FL 33618	1.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE	D	2.1 TITLE	☒ Change ☐ Addition D
NAME	BOWMAN, AL T	2.2 NAME	Bowman, AL
STREET ADDRESS	10014 N DALE MABRY HWY SUITE 202	2.3 STREET ADDRESS	10004 N. Dale Mabay Hwy Suite 106
CITY-ST-ZIP	TAMPA FL 33618	2.4 CITY-ST-ZIP	Tampa, FL 33618
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: AL Bowman AL Bowman 2/16/95 813-963-6263
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone #

0206300 CP